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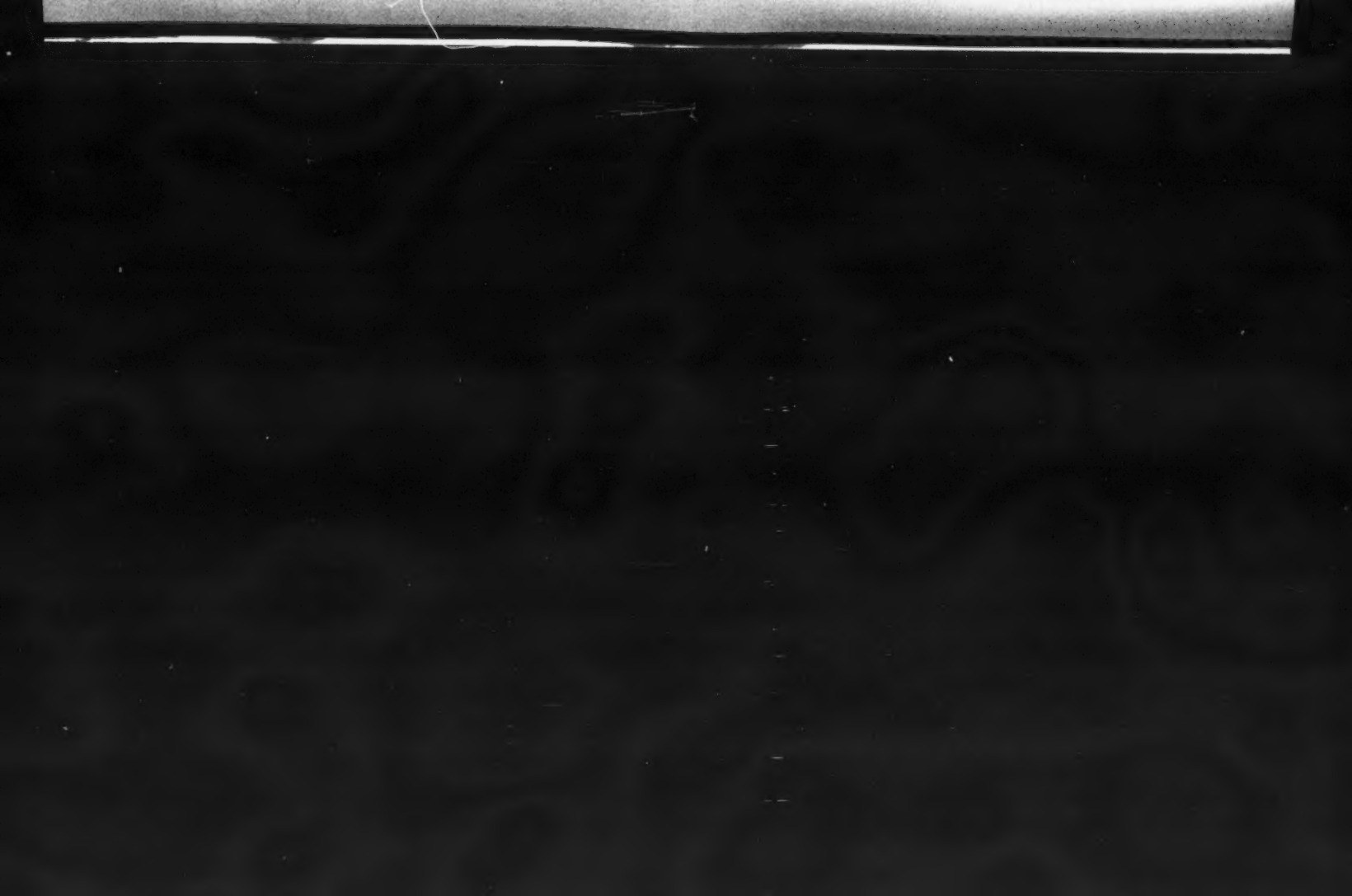

THE

Physicians and Surgeons' Investigator.

S. N. BRAYTON, M. D., Editor. 202 Delaware Avenue, Buffalo, N. Y.

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CALCIUM HIPPURATE IN SKIN DISEASES.

Outside of specific causes, the etiology of skin diseases may be imputed, according to Rizat, to two broad diatheses—the tuberculo-scrofulous, and the neuropathic. Under the last are united arthritism and herpetism. As to the first, it may be as well to inquire if tuberculosis and scrofula, thus united under the same rubric, constitute but a single disease.

Profoundly distinct to the eyes of our predecessors, confounded by many of our contemporaries, the two affections should be differentiated. We know the rarity of the bacilli, and the very slow evolution of experimental tuberculosis in animals inoculated with the debris of cold (scofulous) abscess. Furthermore, frequency of external localization, and especially habitual curability, are very salient characteristics which establish the demarcation between scrofula and tuberculosis. Thus for instance, if we have to deal with cutaneous scrofulomes, simple applications of iodine and appropriate internal treatment, notably by syrup of hippurate of lime, will generally be successful, though the same means will be far from giving the same results in tuberculosis. Medicinally, we have no specific that will destroy the tubercle bacilli within the economy. [An Italian savant claims to have demonstrated that the bacterium termo, introduced into tuberculous lungs by various methods of inhalation, will, on the principle of survival of the fittest,

destroy and completely eradicate the tubercle bacilli.] All that we can attempt, medicinally, is to modify the soil in which the bacilli develope, so as to render it unfit for their multiplication. This is both little and much; too little to be specific, too much to be neglected. In this respect, the hippurate of lime and, simultaneously, the neutral phosphate of soda will, by their alterative and tonic virtues, often be of incontestable utility.

A very large number of scrofulides are amenable to hippurate of lime. Among these may be placed first, impetiginous eczema and impetigo so common in the first and second infancy. Parents are overjoyed to see their babes' skin freed from these troubles which have a marked predilection for the face. A single bottle of the syrup is often sufficient, but in inveterate cases, impetigo larvalis for instance, treatment requires to be persevered in. Metastasis need not be feared, as the effect of the hippurate on the eruption is but secondary, having first modified the blood-crasis. To the lymphatic skin diseases already mentioned, may be added ecthyma, lichen and chronic purigo, rupia and certain forms of lupus, as being happily influenced by hippurate of lime.

Arthritides.—Many of the skin diseases, grouped under arthritism, are symptomatic of liver disorder. Among these are certain forms of pemphigus, of urticaria, rum blossoms, and the blotched, ruddy face and red nose, supposed to be met oftenest in this country. Give the hippurate. Its action on the liver makes it a specific. Indeed, it is a specific for *red-noses*. G.

THE HIPPURATE IN DYSPEPSIA, DIABETES, ETC.

The hippurate is especially useful in inflammatory dyspepsias, either gastric or intestinal, with flatulence, vertigo, and migraine. As a tonic to the digestive organs, it is far superior to any of the vegetable remedies. It is indicated not only where the gastric secretion is more abundant than normal, but also, where it is diminished in quantity. Far from producing constipation, the hippurate hastens alvine evacuations and, alone, is often sufficient to combat the stubborn constipation that accompanies certain dyspepsias. In-

versely, it controls diarrhœa due to indigestion; and is especially advantageous in gouty subjects and lymphatic individuals. A circumstance worthy of remark here, is that both the gouty and the lymphatic excrete an excess of uric acid and the urates, and sometimes, a superadundance of the phosphates.

Scrofulides of the mucous membranes are also successfully treated by the hippurate. It acts admirably, too, in gastro-intestinal acidity, and by its corrective action on the functions of the liver, aids materially in diminishing the amount of sugar excreted in diabetes.

CHRONIC RHEUMATISM, GOUT, ETC.:—It is generally admitted that in gouty rheumatism, in a gouty diathesis, the urine contains an excess of uric acid. In rachitism, osteomalachia and in certain cases of non-uniting fractures, the urine is habitually too rich in nitrates and phospates. In fine, lime and the phosphates appear to be needed by children who suffer from slow dentition. In all these cases, then, the hippurate of lime is a very useful remedy. Instead of administering it alone, however, it may be aided by small doses of phosphate of soda at meal times.

The following is Poulet's formula for "syrup of hippurate of lime:"—

℞ Hippuric acid, pure,..... 100. grammes;
Milk of lime (whiting size),....Q.S. to produce an alkaline reaction;
Hot water,..... 2. litres.
Sugar,..... 2400. grammes,
Essence of Citron,..... 15. grammes.

Dissolve the hippuric acid in a portion of the hot water (80° centig.), and stir in the whiting size (*lait de chaux*) *gradually* until litmus paper gives an alkaline reaction. To do this properly requires at least a quarter of an hour's work. Then add the rest and place over a slow fire, etc. Dose:—A tablespoonful 3 or 4 times a day. G.

HIPPURATE OF LITHIA.

Except in cases of atony, where hippurate of lime takes precedence, I often have recourse to hippurate of lithia when I have to deal

with the uric diathesis marked by the formation of gravel, by knotty rheumatism, or by gout with tophus, articular nodisities, etc. It is as useful in preventing the access of gout as it is in curing the lesions already formed or in way of formation, and should be employed continuously for a long time in both cases. In this way, the period between attacks is lengthened, the access attenuated, the tophus dissolved, and the chronic engorgement of the articulations dissipated. We often find it advantageous, too, to combine or alternate the hippurates in these cases. Indeed, we know of no other method of treatment equally successful.

We often alternate the hippurates in treating uric gravel. I have, in certain cases, seen patients a prey to intolerable spasmodic pains which had been confounded with neuralgia because the exciting cause had escaped the man of art. The urine, in these cases, was surcharged with uric acid and extremely acid. Under the influence of hippurate of lithia, all sediment dissappeared, the urine cleared up and became even alkaline. The painful reflex phenomena yield at the same time that the exciting cause was suppressed, and without narcotics.

Thus we see that hippurate of lithia is called to render good service in certain particular cases. The following is Poulet's formula for Syrup of Hippurate of lithia:—

℞ Carbonate of lithia..... 8. grammes.
Hippuric acid..... 35. grammes.
Tepid water..... 1000. grammes.
Sugar..... 1200. grammes.

Dissolve the acid and carbonate in a small portion of the water, so as to obtain an alkaline reaction. Add the rest and place over a slow fire. Each spoonful of the syrup contains 25 centigrams of the salt and but 3 centigrammes of the base. The sugar must be left out of both solutions when prepared for diabetics.

HIPPURATE OF CALCIUM IN URINARY DISEASES.

The following is a synopsis of Poulet's article (*Bul. Gen. Therap. Aug. 30,*)on the medicinal virtues of the hippurates of lime, and of lithia.

Among diseases of the urinary organs, amenable to basic hippurate of lime, we may cite subacute cystitis of the neck, characterized by frequent desire to urinate, pain on micturating, mucus globules in the urine, etc. In certain cases where the urine is abnormally alkaline it becomes promptly acid under the influence of basic syrup of hippurate of lime. In all cases, it recovers its normal limpidity, mucus globules disappear, tenesmus gradually diminishes, the desire to urinate becomes less frequent, and urination painless.

The hippurate is not less useful in urinary lithiasis whatever be its nature—phosphaturia, uraturia, or even oxaluria. Success is the rule in these different affections. Sometimes they yield rapidly, but often, being constitutional, require perseverance in treatment. It is evident that the action of the remedy is not chemical but a true dynamic effect, a radical modification of the functions of the nervous system and of nutrition. Lecorché supports this opinion as regards uraturia. According to him the formation of uric acid decreases under the influence of calcic, or alkaline carbonates and sulphates. To these we add the hippurates. On the contrary, it is augmented in hepatic diseases, and this led Lecorché to consider the liver as the great formative organ of uric acid which he called "a special product arising from disassimilation of hepatic tissue." If this theory be true, we have the right to conclude that it is in addressing itself to the functions of nutrition through the intermediary of the hepatic gland, that hippurate of lime cures uric lithiasis.

Uraturia often changes into oxaluria. Indeed, this is the first advantageous modification we notice in persons suffering from uric acid gravel and using alkaline waters. The two kinds of gravel, then, have a point of contact somewhere, and often a common origin. This, no doubt, is the reason why hippurate of lime, so efficacious in uraturia, is equally effectual against oxalic gravel.

We have but a very uncertain soupcon as to the proximate cause of phosphatic gravel. The general opinion is that the nervous system is at fault here. As a rule, we meet the disease in persons debilitated by excesses, by a cachexia, scrofula, tuberculosis, dyspepsia, and

in disease of the nerve centres—notably *tabes dorsalis*. Employed alone, hippurate of lime renders good service, but it is an improvement to add small doses of phosphate of soda at meal times. Under the influence of the hippurate, the phosphatic deposits disappear, and digestion improves, alimentation becomes more reparative, and the vicious circle, in which the economy turned to its own ruin, broken,—for if dyspepsia induces anæmia, anæmia perpetuates dyspepsia. G.

HIPPURATE OF LIME IN DISEASES OF THE LIVER.

Hippurate of Lime gives surprising results in diseases of the liver, either by amending or radically curing them, and that too, not only in their incipiency when the symptomatology is as yet indecisive, but also when they have sufficiently advanced to produce ascites and œdema of the extremeties. Within its range come subacute hepatitis, engorgement of the liver, catarrhal icterus, hypertrophic cirrhosis, biliary lithiasis, certain functional disorders produced by hydatids, etc. In bilipheic icterus, the hard stools become soft and change from gray to green or yellow; the urine looses its saffron color; the icteric tint of the body diminishes, and appetite improves. In the absence of biliverdine and biliary acids in the urine of hæmepheic icterus, I have noticed as a very common occurrence that the addition of nitric acid produces a liberation of gas, a remarkable effervescence, at the same time that the urine takes on the well known mahogany-red color. If evaporated to dryness, the residue often takes fire, which otherwise is quite an unusual phenomenon. It is evidently due, however, to the presence of nitrate of ammonia, produced by nitric acid reacting on an excess of uric acid. This excess of uric acid is not astonishing in disease of the liver, if we bear in mind the disassimilative function of the hepatic gland and the effects which must necessarily follow a perversion of this function, viz.:—diminution of excreted urea and a co-relative increase of uric acid. On the other hand, we have a patient now under treatment for cirrhosis of the liver, whose urine, not long ago, presented the above characteristics, and actually contained such an

abundance of urea that on the addition of nitric acid, crystals of nitrate of urea were formed without previous evaporation. Urine, such as the foregoing, is of a sombre-red, a brick color, and stains the patients linen salmon-colored. Hippurate of lime, aided or not by an ordinary diuretic such as nitrated tisane of dog-grass (triticum repens), succeeds in rendering the urine normal in a few days. Simultaneously, we see the concomitant gastric symptoms amend, and in the greater number of cases, the ascites and the œdema of the limbs disappear. What more brilliant proof of therapeutic efficiency is needed!

Hippurate of lime, then, is admirably adapted to the diseases of hot countries where hepatitis is so common; and will render good service, in our temperate climates, to all those who, spontaneously or as a result of alcoholic excesses, are prone to simple engorgement, or cirrhosis of the liver. G.

BICARBONATE OF SODA IN TONSILITIS.

Time and again for two years past, we have noted bicarbonate of soda (pearlash) recommended in our foreign exchanges as an efficient remedy in aborting tonsilitis, when applied in powder to the tonsils and pharynx. Possessing, as we do, so many very efficient remedies, and not taking time to think out the rationale of cure by the bicarbonate, we merely gave those recommendations a passing glance. Indeed, it was our impression that we needed no addition to our list of drugs, efficient in the treatment of tonsilitis, as the results obtainable with the usual remedies were generally good enough. What better remedies than aconite 3x, and belladonna 3x, did we need at the outset, in all cases. Then to follow up these, or to prescribe at once if the case was beyond the aconite, and the belladonna stage, we had bryonia 3x, or 15 grain doses of sodium salicylate every three hours, or drachm doses of fl. ext. of guaiacum, if the disease was due to exposure to cold or had a rheumatismal basis. Forty-eight hours was generally a sufficient time in which to control the majority of cases, provided they were seen to in anything like due season. Then, too, we have had baryta carb. 3x

trit. for the semi-chronic cases, for those patients who were subject to tonsilitis on the slighest exposure. Apparently, then, our medicinal armamentarium did not need much improvement except, perhaps, the addition of aloin as a purgative, as a means of causing a determination of blood from the head and neck to the pelvic organs. Consequently, we were not disposed at sight to give the bicarbonate treatment the consideration which, on second thought and a personal experience in half a dozen cases, it appears to deserve.

That bicarbonate of soda, applied in powder to the tonsils, will abort a tonsilitis, there cannot be much doubt. We do not found our faith on half-a-dozen successful cases, however. Once one grasps the rationale of the method, the how and the why the bicarbonate succeeds, it will not require a long array of successful cases to create the impression that success *should* follow whenever the remedy is regularly and thoroughly applied. Furthermore, the bicarbonate should not only abort tonsilitis but also control any local inflammation, no matter where, provided that the remedy be absorbed by the inflamed surface and thus enter directly into the local circulation of the inflamed part. To demonstrate the truth of this statement, we have only to expose the frog's mesentery to the air, and, under the microscope, study the imflammation thus set up. If, now, when this inflammation is at its height, when diapedesis is thoroughly established, we irrigate the inflamed mesentery with a solution of bicarbonate of soda, or chloride of soda, the inflammatory process comes to a standstill. The white corpuscles cease to pass through the walls of the capillaries and veins, and the red to migrate from the capillaries. Transudation is completely controlled, the circulatory stasis yields, the blood becomes more fluid, the current more rapid, and, finally, reabsorption sets in. It is just the same, then, in inflammation of the tonsils. Once the bicarbonate enters the local circulation, inflammatory infiltration ceases to progress, and, if the remedy be applied persistently, resolution begins and goes on uninterruptedly until the tissues return to their normal condition. Such then, in our opinion, is the rationale, the "how" bicarbonate of soda aborts tonsilitis.

The old time house-keeper, when preparing to make a batch of blood-puddings, did a wise thing when she added a handful of salt to the freshly drawn blood. The Boston girl of to-day would tell her that the virtue of the addition was due to sodium chloride being an alkali, and that, as such, it increased liquifaction, and preserved the hæmatinic fluid in a liquid state even when allowed to cool. Clotting was thus prevented. Taking a hint from the Boston girl, we believe that efficiency of the bicarbonate in tonsilitis is largely due to its being an alkali. Absortion by the mucous membranes is usually very rapid and once the alkali enters the local circulation, it liquifies the blood within the vessels and the exuded fluid beyond. The local circulation is thus stimulated, the local stasis overcome, absorption rendered easier, and the patient feels an almost immediate mitigation of existing local inconveniences. Indeed so rapidly is relief obtained, that one would almost credit the bicarbonate with anæsthetic properties. A single application will not be sufficient to abort the disease, however, unless the case be seen early and the application be thorough. If immediately after employing the remedy there remain a painful point, that point has not been touched. The patient should then carry the powder on his moistened finger and deposit it on the painful point. Relief must follow. The powder should be reapplied whenever pain is again felt, and may be blown into the throat through a prescription blank, or a sheet of paper rolled into a cylinder. This method sometimes produces vomiting—not the bicarbonate but the bellows—but then moderate emesis is in itself often sufficient to abort a quinsy, and once in a while—an orchitis.

The local employment of the bicarbonate will not interfere with the use of any systemic remedy in appreciable doses. That the powder does not succeed so well in old subjects, is probably due in part to a failure in local absorption, to the inflammation being more thoroughly parenchymatous, deeper, harder to be reached in entirety, and, perhaps to some diathesic taint. Conium is often serviceable in the initial stage in those cases. It is the aconite of the aged.

G.

PELVIC ANODYNE.

As an example of pelvic anodyne, with special reference to the ovaries, Dr. Alfred Meadows (British Medical Journal) knows of none that can compare with conium, or, better still, with the alkaloid conia, used in the form of vaginal pessary. In all cases, whether neuralgic or inflammatory, in which the ovaries are the seat of pain, conia is quite a specific. No drug that Dr. Meadows knows of acts with equal certainty and success. Lastly, he supposes we are all agreed that bromide of potassium exercises a more powerful influecne upon the ovaries. No drug, in his experience, can equal it in controlling ovarian mucorrhagia; it not only limits the flow in these particular cases, but it seems, also, to exercise a distinct and controlling influence upon ovulation itself; hence its value in checking ovarian mucorrhagia, so far as regards its too frequent periodicity, for it certainly increases the length of the menstrual interval; in other words, it controls too frequent menstruation, or, as he prefers to say, too frequent ovulation.— *Weekly Medical Review.*

DISINFECTANTS.

The annual meeting of the Public Health Association was opened in Washington, Dec. 8th. President, Dr. James E. Reeves, of Wheeling, W. Va. Various addresses were made and papers read. The Committee on Disinfectants consisted of Drs. George M. Sternberg, U. S. A., Joseph H. Reymond, Brooklyn, Charles Smart, U. S. A., Victor C. Vaughn, Michigan, A. R. Leeds, New Jersey, W. H. Watkins, New Orleans, and Geo. H. Rohe, Baltimore. Their report was presented. The following are their conclusions:

The most useful agents for the destruction of spore-containing infectious material are:

1. *Fire.* Complete destruction by burning.
2. *Steam under pressure.* 110° C. (230° F.) for ten minutes.
3. *Boiling in water* for one hour.*

* This temperature does not destroy the spores of *B. subtilis* in the time mentioned, but is effective for the destruction of the spores of the anthrax baccillus and of all known pathogenic organisms.

4. *Chloride of lime.*† A 4% solution.

5. *Mercuric chloride.* A solution of 1: 500.

For the destruction of infectious material which owes its infecting power to the presence of micro-organisms *not containing spores*, the committee recommends:

1. *Fire.* Complete destruction by burning.

2. *Boiling water* half an hour.

3. *Dry heat.* 110° C. (230° Faha.) for two hours.

4. *Chloride of lime*† 1 to 4% solution.

5. *Solution of chlorinated sodo.*‡ 5 to 20% solution,

6. *Mercuric chloride.* A solution of 1 : 1,000 to 1 : 4,000.

7. *Sulphur dioxide.* Exposure for 12 hours to an atmosphere containing at least 4 volumes per cent of this gas, preferably in presence of moisture.§

8. *Carbolic acid.* 2 to 5% solution.

9. *Sulphate of copper.* 2 to 5% solution.

10. *Chloride of zinc.* 4 to 10% solution.

The committee would make the following recommendations with reference to the practical application of these agents for disinfecting purposes:

FOR EXCRETA.

(*a*) In the sick room:

For spore-containing material:

1. Chloride of lime in solution, 4%.

2. Mercuric chloride in solution, 1 : 500. ‖

In the absence of spores:

3. Carbolic acid in solution, 5%.

4. Sulphate of copper in solution, 5%.

5. Chloride of zinc in solution, 10%.

(*b.*) In privy vaults.

---

† Should contain at least 25 per cent of available chlorine.

‡ Should contain at least 3 per cent of available chlorine.

§ This will require the combustion of between 3 and 4 pounds of sulphur for every 1,000 cubic feet of air space.

‖ The addition of an equal quantity of potassium permanganate as a deodorant, and to give color to the solution, is to be recommended (*Standard Solution* No. 2).

Mercuric chloride in solution, 1 : 500.*

(*c.*) For the disinfection and deodorization of the surface of masses of organic material in privy vaults, etc.;

Chloride of lime in powder.†

FOR CLOTHING, BEDDING, ETC.

(*a.*) Soiled underclothing, bed linen, etc.:

1. Destruction by fire, if of little value.

2. Boiling for at least half an hour.

3. Immersion in a solution of mercuric chloride of the strength of 1 : 2,000 for four hours.‡

5. Immersion in a two per cent solution of carbolic acid for four hours.

(*b.*) Outer garments of wool or silk, and similar articles, which would be injured by immersion in boiling water or in a disinfecting solution.

1, Exposure to dry heat at a temperature of 110° C. (230° Fahr.) for two hours.

2. Fumigation with sulphurous acid gas for at least twelve hours, the clothing being freely exposed, and the gas present in the disinfection chamber in the proportion of four volumes per cent.

(*c.*) Mattresses and blankets soiled by the discharges of the sick:

1. Destruction by fire.

2. Exposure to superheated steam—25 pounds pressure—for one hour. (Mattresses to have the cover removed or freely opened.)

3. Immersion in boiling water for one hour.

4. Immersion in the blue solution (mercuric chloride and sulphate of copper), two fluid ounces to the gallon of water.

---

* A concentrated solution containing four ounces of mercuric chloride and one pound of cupric sulphate to the gallon of water is recommended as a *standard solution*. Eight ounces of this solution to the gallon of water will give a diluted solution for the disinfection of excreta, containing about 1: 500 of mucuric chloride and 1 : 125 of cubic sulphate.

† For this purpose the chloride of lime may be diluted with plaster of Paris or with clean, well dried sand, in the proportion of one part to nine.

‡ The blue solution containing sulphate of copper, diluted by adding two ounces of the concentrated solution to a gallon of water, may be used for this purpose.

FURNITURE AND ARTICLES OF WOOD, LEATHER AND PORCELAIN.§

Washing several times repeated with:

1. Solution of mercuric chloride 1 : 1000. (The blue solution, four ounces to the gallon of water, may be used.)
2. Solution of chloride of lime 1 per cent.
3. Solution of carbolic acid, 1 per cent.

FOR THE PERSON.

The hands and general surface of the body of attendants, of the sick, and of convalescents at the time of their discharge from hospital:

1. Solution of chlorinated soda diluted with nine parts of water (1 : 10).
1. Carbolic acid, 2 per cent solution.
3. Mercuric chloride, 1 : 1,000; recommended only for the hands, or for washing away infectious material from a limited area, not as a bath for the entire surface of the body.

FOR THE DEAD.

Envelop the body in a sheet thoroughly saturated with:

1. Chloride of lime in solution, 4 per cent.
2. Mercuric chloride in solution, 1 : 500.
3. Carbolic acid in solution, 5 per cent.

FOR THE SICK ROOM AND HOSPITAL WARDS.

(*a.*) While occupied, wash all surfaces with:

1. Mercuric chloride in solution, 1 : 1000. (The blue solution containing sulphate of copper may be used.)
2. Chloride of lime in solution, 1 per cent.
3, Carbolic acid in solution, 2 per cent.

(*b.*) When vacated:

Fumigate with sulphur dioxide for 12 hours, burning 3 pounds of sulphur for every 1,000 cubic feet of air space in the room; then

§ For articles of metal use Solution No. 3.

wash all surfaces with one of the above mentioned disinfecting solutions, and afterward with soap and hot water; finally throw open doors and windows, and ventilate freely.

FOR MERCHANDISE AND THE MAILS.‖

The disinfection of merchandise and of the mails will only be required under exceptional circumstances; free aeration will usually be sufficient. If disinfection seems necessary, fumigation with sulphur dioxide, as recommended for woolen clothing, etc., will be the only practicable method of accomplishing it.

RAGS.

(*a.*) Rags which have been used for wiping away infectious discharges should at once be burned.

(*b.*) Rags collected for the paper makers during prevalence of an epidemic should be disinfected before they are compressed in bales, by:

1. Exposure to superheated steam (25 pounds pressure) for ten minutes.

2. Immersion in boiling water for half an hour.

(*c.*) Rags in bales can only be disinfected by injecting superheated steam (50 pounds pressure) into the interior of the bale. The apparatus used must insure the penetration of the steam to every portion of the bale.

HIPPURIC ACID THE ACID PRINCIPLE OF THE GASTRIC JUICE.

By microscopic examination of dialyzed gastric juice, says Poulet. (*Bul. Gen. De Therap., Aug. 30, '85*) submitted to the influence of certain strong acids, and by the transformation of its acid principle in benzine by means of dry distillation with the addition of caustic potash, I have peremptorily demonstrated that this principle is no other than hippuric acid. This is not all; to convince the most ob-

‖ In order to secure penetration of the envelope by the sulphur dioxide, all mail matter should be perforated by a cutting stamp before fumigating.

tuse, I have, in January, 1884, isolated notable quantities of pure hippuric acid from the gastric juice of a pachyderma, and addressed a beautiful sample of it to the Academy of Medicine, the members of which charged Duval and Gautier to report to them on the subject. Thus was definitely settled the question, so obscure and controverted, of the acid principle of the gastric juice, a principle that some believed to be lactic acid, the presence of which in the stomach is exceptional and due to bad digestion. The greater number of savants, too, had wrongly considered the acid principle to be an inorganic acid—hydrochloric—as if a like hypothesis was not in flagrant contradiction with the habitual methods of nature. Digestion in plants is performed exclusively by the aid of an organic acid. Why should it be otherwise in animals? G.

QUACKS, ETC.

The profession seems unable to agree on the definition of a *quack* My idea of the essential elements of a quack doctor is a person who *lies* deliberately concerning his knowledge, his success, his treatment and his professional brethren. His lies may be coarse, rough and unrefined as the powdered herbs and animals of the Indian, or as refined, polished and sugar-coated as the finest pills and pellets of the most refined modern pharmacists. Hence we have quacks who know literally nothing of medicine, and veritable giants in knowledge.

The great variety of opinion and practice found in the *World* shows that many methods are equally good. And while so much is uncertain in medicine, we ought to treat all *honest* men with respect and reserve our denunciations for the dishonest.

I notice that several gentlemen have written of pet remedies in simple cases and claim great results. I think that many of these simple cases never would have been worse if they had not given any medicine at all. If every practitioner would keep notes of a dozen cases of tonsillitis, for instance, and treat them with his pet remedies, and then keep notes of another dozen and give simply placebos, we would soon find out how much some of our vaunted

remedies are worth. Or treat every other case in this way and keep careful notes and compare the results. But most of us get in a routine in treating all these simple diseases, and because they all get well soon, we imagine our gargles, etc., prevent suppuration or hypertrophy, whereas quinsy is seldom aborted by any means we may employ.

"Druggist" wants a remedy for insomnia. Here is the best one known. Go to the pine woods and chop some logs to the extent of fatiguing the muscles pretty thoroughly, but not to exhaustion, and he will sleep after a day or two, on a bed of pine boughs in a camp. "Throw physique to the dogs," especially hypnotics.—*The Medical World.*

L. W. MEESGROVE, M. D.
CARLETON, ST. JOHN. New Brunswick.

COCAINE—NITRIC ACID.

The mixture of cocaine with nitric acid gives a painless escharotic for the removal of moles, deep seated freckles, etc. A formula for its preparation was recently published in the *National Druggist*, which we here give:

℞ Nitric acid (s. q. 1.340)..... fl 3 j
Cocaine ..... gr. vj

M.—Keep in a small bottle with well fitting stopper for use.

The mole or freckle should be surrounded with a ring of wax to protect the adjacent skin. The end of a glass rod dipped in, and then cautiously applied to the surface of the mole or freckle, the process being repeated once or twice a day, and the unsightly spot has the vitality destroyed without pain, being then easily and effectually removed.—*The Druggists' Journal.*

CORROSIVE SUBLIMATE AND GLYCERINE IN EPITHELIOMA OF THE CERVIX UTERI.

Biddle has derived excellent results from the application as a lotion or injection of one-fourth grain of corrosive sublimate, with half an ounce of glycerine, in a pint of water, in cases of epitheli-

oma of the cervix uteri. In one case it almost stopped the hemorrhage, during the three months preceding death, and controlled in a marked manner the great pain resulting from the disease. The beneficial change is supposed to be due to the decided reduction in the amount of infiltration which is present in these cases. Although only a palliative measure, it is worthy a trial in cases too far advanced for radical treatment.—*British Medical Journal*, March, 1885.

OLD BOURBON WHISKEY.

As Louisville has the reputation of being the great centre of good whiskey production and good whiskey drinking, we suppose the editor of the *Louisville Medical News* must be considered as very high authority upon questions involving the purity of alcoholic drinks, and we therefore notice with pleasure that, according to this editor, our American wines, especially those made in California, are almost without exception "the pure juice of the grape fortified with brandy to keep it from souring;" but we notice with sorrow, not for ourselves, but for our readers, that the so-called old Bourbon whiskey has under modern manipulation become a beverage "far more deleterious and injurious in its influence than absinthe."

The editor of the *News* says, "In former years, by the old-style sour-mash process, one bushel of grain yielded by the natural fermentation one and a half gallons of whiskey. This article contained the volatile oils and the pure alcohol eliminated by the low temperature. It was the kind of whiskey our forefathers used almost to excess without any apparent injury to their constitutions; and probably the moonshine whiskey the mountaineers use now is of the same character, having nothing worse than alcohol. Under its use there is quick stimulation, which subsides gradually as the alcohol is eliminated. The greed of distillers has urged them to push the distillation, so as to get as much whiskey as possible from the grain; from the old-time standard of one gallon and a half they increased the product to three, and then to four, and some distillers boast of getting even five gallons of whiskey from a single bushel of grain. The increased product is obtained by raising the temperature until

both the volatile oils and essential oils from destructive distillation are thrown off, consequently a large percentage of fusel oil is found mixed with the whiskey, and this cannot be gotten rid of except by some chemical process or by redistillation at a low temperature. In the course of a year's time much of the fusel oil will be transformed into fragrant ethers, which, being quite volatile, will evaporate, but enough of this oil will still remain in the whiskey to seriously damage the stomachs of those who drink high distilled whiskey as a daily practice; or, if the stomach escape, the irritant affects the kidneys, producing granular degeneration, a form of Bright's disease which is to-day frightfully prevalent and seemingly on the increase."

WE ARE sorry to see that Professor Meandra, of Outopos, has left the direct walks of medical science and become skeptical as to the efficiency of the microbe in all cases. In his great work on the "Destiny of Man," he says: "We see tottering to its fall the old-fogy notion that man is a responsible being, the mighty endeavors of ten thousand doctors, armed with microscopes and bottles of vesuvin, have demonstrated the energy of the ubiquitous bacillus, and have proved—beyond the shadow of a doubt—that all sickness, disease and crime, owes its origin to minute germs which float ceaselessly in the atmosphere seeking for a nidus." Looking a few feet further down in the voluminous MS. of this great thinker, we find the following: "We see the gradual metamorphosis of our prisons into hospitals, and find heredity and the bacillus making way with the last vestige of freedom of the will; the criminal like the drunkard is no longer amenable to law, he has simply an unfortunate diathesis. But a change may come, the mutations of humanity are constant, and the Court Room of the future may show us a scene like the following:

JUDGE. "What is the matter with the prisoner?"

OFFICER. "Found him sitting on a stoop holding on to his head."

"Where were you last night, prisoner?"

"I was at home, sir, I don't drink, I had been walking in the sun and felt dizzy."

"Where was your umbrella?"

"I haven't got one, sir."

"Don't you know that its against the law to walk in the sun without an umbrella? You may go this time, but I caution you to buy an umbrella or keep on the shady side in future."

"Next!"

"Found this man clinging to a lamp-post, rubbing his abdomen and groaning."

"What's the matter, prisoner?"

"I had just been to dinner at Robinson's restaurant and felt sick."

"What did you have for dinner?"

"Beefsteak and mince pie."

"Officer, did you make a microscopical examination of the mince pie at Robinson's!"

"I did, sir, there were no fungoid growths visible under a power of 240 diameters, the fat used stood Margarine's test, and the record showed that the pies had not been made for more than 4 days. The prisoner eat a whole pie of legal dimensions."

"A whole pie! don't you know, prisoner that its against the law to eat over two cuts of mince pie at one sitting? I fine you ten dollars and will give you sixty days if I see you here again, there is getting to be too much sickness in this district. Clerk, if that cholera case is able to stand up send him in here for trial."—*New York Medical Abstract.*

HOW TO MAKE GRUEL.

Miss Parloa's directions in *Gailard's Med. Jour*: "To make flour gruel properly, you use one quart of milk, three tablespoonfuls of flour, and a teaspoonful of salt. Pour all the milk, except a cupful, into a double boiler. Mix the flour with the milk you reserved, and stir it into the boiling milk and let it cook thirty minutes, putting in the salt ten minutes before it is done. The longer milk cooks the more laxative it is. If you wish to make the gruel

especially nutritious, cook a half-cupful of raisins cut in two in the milk during the entire time. This drink is very stimulating, and is often given in place of wine to patients. In Indian-meal gruel the meal must always be well cooked, an hour or two being usually required. But it is better to use the very fine meal now in use rather than that milled by the old process, and always, when needed quickly, put it into boiling water at once. To make this gruel, take one quart of boiling water, two tablespoonfuls of medium meal, one tablespoonful of flour, one teaspoonful of salt; mix the meal, etc., with half a cup of cold water, and pour into boiler. Stir while it is cooking and cook not less than thirty minutes. Always keep the saucepan covered."

THE URATES—THEIR EXCESS AND HOW TO REMOVE THEM.

Dr. T. C. Smith (*Medical and Surgical Reporter*), in an article on this subject, says that an excess of urates in the urine is due to an excess of nitrogenous food. This excess may be caused by inability of the liver to assimilate all that is sent to it. This throws more work on the kidneys, hence the appearance in the urine of the urates. Persons who live a sedentary life are more likely to be affected in this manner than others. An excess of rich food, or that composed largely of nitrogenous material will also cause it, throwing more work on the liver than it can accomplish. The remedy under these circumstances is plain enough.

A very similar condition is caused by "catching cold," and is intensified by eating heartily, especially of nitrogenous or animal food. This, in the doctor's opinion, will favor an attack of biliousness, with considerable pyrexia, and even pneumonitis, bronchitis, rheumatism, etc., therefore, "feeding a cold" is bad practice. He begins the treatment of such cases with a large dose of sulphate of soda, as this drug has a selective action on the liver. Where there is a gouty tendency, he prescribes colchicum in small and repeated doses in plenty of pure water, which serves to wash out the system. Hydrochloric or nitric acid, especially the latter, is also useful. G.

BIOLOGICAL ACTION OF POTASSIUM, SODIUM, LITHIUM, CALCIUM, AND MAGNESIUM.

Dr. Curci has been experimenting with the principle alkaline metals and anticipates his complete report by the following conclusions:

POTASSIUM:—In batrachians, potassium produces paralysis of sensibility and motion. This shows itself first at the point of injection. The brain is affected first; then the spinal nervous system; then the voluntary muscular system. The heart yields later. To obtain these results, it is necessary to insert the injections in the posterior members, far from the central nervous system. If the injections be given into the dorsal lymphatic sacks, the nerve centres, voluntary muscles, and heart are almost simultaneously paralyzed. If, on the contrary, the salt act on the naked heart, the heart is soon arrested, the animal continuing to move.

In mammiferæ, potassium at first increases the excitability of the heart, and striped muscles. Systolic and diastolic functions become exaggerated, and the striped muscles, spontaneously, or on slight excitation, contract tonicly. Afterwards, the heart becomes paralyzed, before the muscles. The nervous system is influenced but indirectly through circulatory failure. Trembling and slight convulsive movements occur sometimes, and are due to muscular excitability, and to cerebral anæmia produced by enfeeblement and paralysis of the heart.

SODIUM:—In batrachians, small doses of sodium increase general sensibility and excitability. Large doses produce tonic convulsions and tetanus. These phenomena are due to powerful excitations of the central nervous system, of the peripheral nerves, and, particularly of the end-bulbs. Death is produced by exhaustion of the nervous system. The heart is the last to die.

In mammiferæ, sodium produces the same exaggeration of excitability; if we prick the skin lightly, the subjacent muscular group contracts. Later on, we have violent tetaniform convulsions which begin in the anterior and proceed to the posterior members. Respiration is arrested in inspiration by tetanization of the thoracic

muscles during the first convulsion. Insufflation, or pressure on the thorax, is needed to restore the respiratory function. This convulsive stage is succeeded by paralysis which begins at the head and neck and is accompanied by loss of consciousness. It then invades the trunk, paralyzes respiration, and, finally gains the posterior members. At this moment the animal is dead; its heart alone lives, but, finally, is arrested [in systole]. The striped muscles remain excitable and the temperature rises after death.

LITHIUM:—Lithium has the same action as sodium and produces the same phenomena in the self-same order.

CALCIUM:—In mammiferæ, calcium produces an ascending anæsthesia which begins in the posterior members, gains the trunk, thorax, anterior members, face, cornea, and, finally, the palpebral conjunctiva. At this period, the animal is completely insensible to excitation, reflexes are abolished, the muscular system relaxed, respiration calm, and, the heart beats slowly and feebly. The effects of calcium, then, resemble anæsthesia from chloroform.

The animal, some time after, regains sensibility in the inverse, the descending order, and soon returns to the normal state. If, however, the dose has been too large, anæsthesia deepens and the heart is arrested [in diastole].

MAGNESIUM:—Magnesium has the same action as calcium, but with this difference, that the anæsthesia is not so complete in the palpebral conjunctiva and cannot be made so, because the heart is arrested [in diastole] if the anæsthesia be pushed farther.

The foregoing conclusions of Curci are worthy of careful considerations, agreeing as they do with many preconceived opinions and clinically demonstrated facts regarding the alkaline metals and earths, and, especially, the alkaline bromides. Thus, for instance, it is a clinical fact that bromide of potash depresses the heart more than sodium bromide. The reason is evident from the foregoing. We will speak first of appreciable doses. The "Regular," therapeutic dose of potash, of the bromide always, of the chlorate often, is usually large enough to produce immediate *secondary* effects. Bromide of potash is always prescribed for the purpose of obtaining

an abolition of reflexes, mental and muscular depression, and paresis. The dose, at least, is usually graduated with that intention. This mental depression, paresis, is obtained, as Curci tells us, at the expense of circulatory failure, grogginess. Muscular depression is due to muscular poisoning, to the destruction of muscular contractility; and as the heart is the most active muscle, has the most work to perform, it suffers first and most, is the earliest to show depression.

We wish to go on record right here as being opposed to prescribing remedies in doses large enough to produce immediate *secondary* effects. This method of over dosage is the bane of our old school medication. Disease, to our mind, is sufficiently depressing in itself without our increasing the depression by intemperate doses of systemic depressants. *The secondary effect of every remedy in the Materia Medica is sedation, depression.* Common sense, then, should be sufficient to warn us against administering medicinal doses that call forth secondary effects. Our old school men, however, cannot get that wrinkle cut on their horns, no how. What the system will tolerate, without yielding up the vital principle, is their idea of a medicinal dose.

Again, *there is not one remedy in the entire Materia Medica that is not either stimulant or tonic in its primary effects.* No! not even one, the dosage of which cannot be graduated so as to produce stimulant, or toxic effects, and these only. Our homœopathic school, and that school alone, has fully grasped this truth, has acquired the secret of obtaining stimulating effects from all remedies, has known for years the triumphs obtained by treating disease with a medicinal dosage that never adds to the already existing depression. Our Eclectic friends, those par-boiled homœopaths, have almost acquired the same trick at fence from a friendly hand; while we who are physicians first, non-conformists if you will, do not blush when possessing ourselves of anything that time has proved trustworthy, no matter in what school it originated.

To us, the homœopath is considerable of a diplomat. Indeed, it strikes us very forcibly that he is considerable more of a diplomat

than the old school physician who recommended croton oil as a "mild purgative" in diphtheria. Instead of warring with Disease he apparently attempts to get the upper-hand of him by diplomacy; gives him sugar candies, surreptitiously dipped in a tasteless disease eradicator, as a guage of friendship; and, once the unsuspicious fellow gets sucking them, he becomes lethargic and is soon placed *hors de combat.* The patient then finds himself with a sound skin, master in his castle of health, and no appreciable damage done.

The genuine Allopath, on the other hand, is an old warrior with the old time dislike for diplomatic methods. He is a soldier of fortune with a General's commission. War is his profession. Were diplomacy to become the general method of settling disputes, his business would be small. Consequently, when placed in command, he orders a furious and ill-directed assault in full force at an inopportune moment. Many a poor fellow bites the dust. Many another escapes sufficiently riddled to deserve a pension. He does not receive one, however. The old General, nevertheless, is a useful citizen in this, that his blunders have taught us that "Prudence is the better part of valor."

Now for the Eclectic! He was once, but no longer is—a cheap John. He no longer wears his hair like a cow-boy, but has had it cut short, the hayseed combed out of what is left, and, on the whole, is fairly presentable at this date. Typically, he is an American.

After thus delivering ourselves, we beg to be excused for the last three paragraphs, and will now return to our alkaline-bromides. The bromide of soda is usually erroneously administered with the hope of obtaining the same cerebral and muscular sedation that follows from the potassium salt. This, however, is never obtained. Sodium is a cerebro-spinal stimulant and its combination with bromine, a fairly stupid one—does not, in a very marked degree, destroy its musculo-motor properties. Furthermore, the therapeutic dose of sodium bromide is not large enough to call forth secondary effects. This is in part due to professional unfamiliarity with the salt (comparitively), rather than to the good judgment of those who fix text-book doses at so many grains. The main reason is that, in

the usual dose, the *sodium antidotes the bromine.* The result is to be applauded, however, as it gives us cardiac stimulation and increased muscular tone from an alkaline bromide. We need scarcely add that bromide of lithia has the same effect on the heart as bromide of soda; and, that bromide of ammonia is even more stimulating. All three bromides, the bromide of ammonia, of lithia, of soda, inhibit the heart in systole;—so does digitalis. The bromides of potash and of zinc, on the contrary, inhibit the heart in diastole:—so does chloroform.

Potassium depresses the heart first; then, the brain and cord through anæmia from cardiac depression. Muscular prostration is the necessary outcome. The cerebral anæmia is arterial only; is not the result of tonic contraction of the vessels, such as we see under ergot; and, is far from being commendable. It is but a hemi-anæmia from loss of pumping, of suction, power in the heart. Venous hyperæmia is complimental, the necessary concomitant. A heart that is too weak to fill relaxed arteries, is not strong enough to empty venous sinuses. We then have venous engorgement which, owing to the failure of oxidation and to the presence of bromide, begets cerebro-spinal paresis and consequent mental and muscular prostration. I need scarcely add that the pupils are dilated. Indeed, dilatation of the pupils, except when produced by specific remedies (atropine, etc.), has come to be regarded as indicative of arterio-cerebral anæmia with passive hyperæmia and brain irritability or exhaustion. Thus, the dilated pupil of the neurasthenic indicates either an over-wrought or badly nourished brain, or both. Feed such a brain; fill it up with good, rich blood, rather than bulldoze it into silence with bromide of potash. An egregious though every-day blunder then, is this prescribing the bromide, in considerable doses, to combat cerebral hyperæmia, be it active or passive. A dilated pupil especially contra-indicates the potassium salt. Non-appreciable doses would, of course, be indicated; but who, outside the homœopathic fold, seeks to obtain cardiac and cerebral stimulation from bromide of potash. That such effects can be obtained, however, cannot be gainsaid. Curci tells us that potassium primarily

increases the excitability of the heart and striped muscles; that these muscles contract tonicly, and, that there is an exaggeration of systolic and diastolic function. This, being true of potassium, will also be true of the bromide, because the salt will, in a great measure, be controlled by the base. Thus for instance, salicylic acid is very depressing on the heart and inhibits it in diastole. Salicylate of soda, however, follows the base, is not so depressing as the acid, and inhibits the heart in systole. In the same way, iodide of potassium causes diastolic, iodide of sodium systolic, arrest.

Potassium gives the same heart difficulty under the iodide as with the bromide. Neither can be continued, in the usual doses, for any great length of time. The standard advice is to substitute the corresponding sodium salts at this juncture. The first difficulty met with under potassium iodide is usually a rebellious stomach. This is generally credited to free iodide, but can be readily overcome by giving the drug well diluted with milk, and at meal-times in the outset. The next objectionable feature is, in the main, due to potassium and shows itself in palpitations, anæmic vertigo, etc. Those effects show among other things, that we often make haste too quickly. We should bear in mind that in medicine as in mechanics,—what is gained in power is lost in time. A massive dosage may be supported for a period and be apparently yielding fair results, but we are eventually forced to withdraw the medicine so as to allow failing organs to recuperate. This method resembles woman's way of "catching" the down train. She sets out in good time, grows apprehensive about the truthfulness of the town-clock, runs for half a block, pulls up to catch her breath, walks the breadth of a town lot, breaks into a run again, stops to mend her bellows and adjust her bonnet and garter, and so on until she reaches the depot. Then she finds herself flurried, blown, perspiring at every pore, her nose and face as red as a beet, her corsets too tight, and her heart in her mouth. She has been a fund of amusement, too, to the man who, sauntering down the other side of the street, has been watching her intermittent bursts of speed in the early part of race, and has arrived ahead of her, after finishing his cigar. Our method of

prescribing iodide of potash, and many another remedy too, is about on a par with woman's way of catching a train. We make haste too fast, are too impatient, and thus get winded when there is no actual need of doing so. Were we to graduate our dosage so as to obtain continuous toleration, we would do more good and less harm.

Good and harm, present and future, should be weighed when prescribing remedies and graduating dosage. The greatest possible good with the least possible harm is the criterion of intelligent treatment. Time is always secondary. Well, not always, but usually. The man with a bad gonorrhœa will think time *the* essential if he expects his wife home in a week. G.

Editorial.

JUSTIFIABLE CRANIOTOMY?

A short time ago we received *The American Israelite* of December 4th, in which is an article touching upon the above subject. It states that but a little while ago the Pope issued a declaration against the practice, claiming that in no case was the taking of human life justifiable, not even to save that of another, only in case of the legal execution of criminals.

There might possibly be some reason in this, were we to know when the soul or spirit enters the body.

In the first stage of fecundation, where the ovum receives its *animal* life by becoming impregnated by the male, it can not possibly be claimed that the spirit takes possession, for it is generally believed that the soul or spirit is composed of mental faculties, reasoning powers and conceptions, which *e.g.*, the sea anemone does not have. From this stage to higher ones we might go on until we come to the "quickening" which usually takes place about the eighteenth or twentieth week. This period is simply the one where motion is perceptible from a development of muscular power. Of course this increases until parturition takes place. All this time the fœtus

is receiving its nourishment from the mother through the placenta, and were this to become detached, the fœtus would die. All this, any physician is perfectly familiar with. Now the question arises what real difference is there between the unborn fœtus and an intra-uterine fibroma? It is true that the circulation is a little different, but both receive their nourishment and grow from the woman's blood. If either are detached it dies. This is also true of a leg or arm. It receives nourishment from the blood, grows and moves, and when the nourishment is cut off it dies and decays like the fœtus. Is it not possible, or rather probable, that the spirit enters the body after the child becomes detached from its parent and lives in a similar manner, by breathing and receiving its nourishment through the stomach independently?

If the reader will turn to Gen. II, 7th, he will read "And the Lord God formed man of the dust of the ground and breathed into his nostrils the breath of life; and man became a living soul.'

It seems that in this case the man was made and had to breathe before the soul entered the body.

This being the case there would be no more harm or sin in performing craniotomy, when necessary, than there would be in amputating an offending member of the body.

It is a subject that is open to a great deal of speculation, and after we are all through we can only return to the one thought, *we don't know.*

The early religious teachings of the physician leads him to look with horror on the operation and no matter how hardened he may become, or how steady his hand in performing the most delicate surgical operation, he will tremble and turn pale, and the hand will shake before he plunges the instrument into the defenceless head.

Not knowing then, when the spirit enters the body, we should do all in our power to save the one that we do know of, *if such things be.*

As the writer is not a theologian, the arguments here set forth may be very defective. We shall, therefore, expect to hear from our friend "G" on this important subject.

A CHANGE.

As there is an important change to take place in relation to this journal with the commencement of the next volume, we desire, before making our bow, to call the attention of our subscribers to the fact that many of them are far in arrears. Of course we cannot present our bills personally, or we might have better luck in collecting. It is well known by all that such small matters are overlooked by busy physicians, but as it is a matter of great importance to us, we are constantly reminded that there is a large sum of money due. We have tried our best to do our duty by the subscribers, and now hope that they will reciprocate by responding to this call. The change will be announced next month, and the reader is assured that it will be for the better.

Book Notices.

Climatology and Mineral Waters of the United States. By A N. Bell, A. M., M. D. New York, William Wood & Co. October, 1885.

Dr. Bell has written this work for the October number of Wood's Library. In it he gives all the peculiarities of different climates and states their adaptability for the cure of diseases. The work treats on the air of the the sea coast, temperature, relative humidity of localities where forests abound, the character of the forests, of the temperature in different places, and the character of the mineral waters and what they will cure. If one wishes to determine where best to send his patient to be benefited by a change, he can reach an intelligent conclusion by consulting this work. It contains 386 pages.

Diseases of the Lungs (of a specific not tubercular nature) **Acute Bronchitis; Infectious Pneumonia, Gangrene; Syphilis; Cancer and Hydated of the Lungs.** By Prof. Germain See, translated by E. P. Hurd, M. D., with appendices by Geo. M. Sternberg, M. D., and Prof. Dujardin Beaumetz. New York, William Wood & Company. The November number of Wood's Library.

The author of this work is a firm believer in the bacteria theory from the word go. He with his translators think that all diseased action is caused from a decay, produced by these little cusses that are giving the medical world so much trouble of late. He claims that the word *miasm* and *virus* must be expunged from the vocabulary, and in their places *bacteria* must be written. The translators give a very interesting argument in favor of this theory, in their introductory. We fancy that if Dr. Gregg were to read this, his nose would be elevated about 45° more than it already is, at these bacteria believers. The author claims that while he is unable to give a satisfactory treatmcnt that kills the bacteria of the different diseases, upon which he treats in this book, he sticks to the cause and hopes that ere long new germicides may be discovered, when the combination will be found that opens the door to everlasting health. *He* does not say this, but we do for him. It is very interesting and contains 398 pages.

Diagnosis of Diseases of the Brain and of the Spinal Cord. By W. R. Gowers, M. D., F. R. C. P. New York, William Wood & Company. The December number of Woods Libray. This is a a work comprising the lectures delivered by the author at the University College Hospital, London.

Diseases of the Spinal Cord and Brain are not as well understood by the general practitioner as other infirmities of the body, for the reason that they are more rare, and that when they do occur the specialist stands ready to take them. Notwithstanding this, the physician should have this work to post up on, in case he cannot obtain the services of a specialist or may possibly be called on the stand to testify. It gives the symptoms of diseases of the brain and spinal cord very plainly, and contains 293 pages. Thus ends the year with twelve as fine a collection of medical works as a physician could ask for. The thanks of the profession are due to this enterprising firm, for the wonderful amount of good they have done in bringing out these valuable books in such a cheap form that they are in the reach of all.

Essentials of Vaccination; a Compilation of Facts Relating to Vaccine Innoculation and its Influence in the Prevention of Small-Pox. By W. A. Hardaway, M. D. St. Louis, J. H. Chambers & Co. 1886.

This little work of 138 pages gives a history of vaccination with variola in animals, the relations of cow-pox and horse-pox to human variola, with a history of vaccine in the human subject. It gives the abnormal modifications; the merits of different kinds of virus; how to store the virus and some of the objections to vaccination. As so little has been written on this subject of late, it brings out many points that are not well understood.

The Biochemical Treatment of Disease, by Dr. med. Schussler, of Oldenburgh, twelfth edition, partly rewritten with appendix containing clinical histories, translated, with the addition of a repertory by J. T. O'Connor, M. D., Philadelphia, F. E. Boericke, Hahnemann Publishing House. An abbreviated therapy.

This work of 94 pages has just reached its twelfth edition, which speaks well for its author. It is on the twelve tissue remedies and if what it contains is true, and we have no reason for thinking otherwise, the homœopathic physician has no business treating his cases without having this in his possession. Some of the lightning effects of these remedies, as reported, are perfectly wonderful. To give the work due notice here, would occupy more space than is at our command, so we must advise those interested to send for it. Price 90 cts.

The Prescriber. A Dictionary of the *New Therapeuties* by John H. Clarke, M. D., Edin., London and New York. Boericke and Tafel, 145 Grand St., New York City.

This is a condensed Materia Medica with the most prominent symptoms or "Key notes" for prescribing. It is intended for those who have lately come out from the old school and who have found the ordinary materia medica so complicated that they find themselves all at sea while trying to select the proper remedy. It is also for the student and the old practitioner as well. It is condensed as much as possible, containing only 186 pages and just large enough to slip into the pocket. We have many friends who are seeking the new light to whom this will be a God-send. The diseases are given in alphabetical order so that it can be referred to quickly, with the names of the medicines indicated. We advise all our young friends to send for it and see how nicely it will aid them.

News and Miscellany.

THE Buffalo Crematory is almost completed. It is expected that it will be ready for use by the first of January. We understand that the company have already two bodies waiting to be incinerated but if any enterprising physician wishes to have his name handed down to posterity by being the first on the list, let him get himself ready and send on his name. Don't all speak at once.

MURRAY, SALT LAKE CO., UTAH, DEC. 12th, 1885.

MY DEAR DOCTOR:—In looking over my medical journals I find an article which has set me to thinking, and being a sort of ignoramus in general on the subject of medical law, with your kind permission I would be glad to learn something from those M. D.'s who do know something. And so I timidly knock at the door of your sanctum sanctorum.

On page 90 of the PHYSICIANS AND SURGEONS' INVESTIGATOR for March, 1885, and on page 38 of the *Medical Call* for May, 1885, I find a decision of Judge Noonan on medical law in Missouri. Is Judge Noonan's decision good law for Missouri only, or is it good law for the whole U. S.? If good law for the whole of the United States, why then are medical boards exercising the authority of courts in all the remainder of the states (?) and why have practitioners been fined and confined for practicing without a diploma or license in Kansas and some other states? In the *Journal of Homœopathy* published in Austin, Texas, and New Orleans, La., November number on page 99, there is an interesting article entitled "A Medical Examiners Boomerang." Is this Missouri law only good in Missouri? Is its enforcement in other states in the interest of the people? Are regular homœopathics mixed up with allopathists and eclectics in their efforts to secure legislation where it is not law, and to enforce the law where it does exist? Is legislation on the subject necessary, and is it good law any way?—*Ignoramus.*

Please open the door for discussions.

Will someone please enlighten the doctor?—ED.

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TO THE MEDICAL PROFESSION.

LACTOPEPTINE

Demonstrated Superiority of Lactopeptine as a Digestive Agent.

Certificate of Composition and Properties of Lactopeptine by Prof. ATTFIELD, Ph.D., F.R.S., F.I.C., F.C.S., Prof. of Practical Chem. to the Pharmaceutical Society of Great Britain.

LONDON, May 3. 1882.

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